STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210)
County / wice Geg!	Registration Dist. No. 434
Village or City Man Kaurel	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosmosds.
2. FULL NAME Junes Urringlor	
(a) Residence No. 6.36 (Must Ne 1) The (Usual place of abode)	St. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  Male  S. SINGLE, MARRIED, WIDOWED,  OR DO VORCED (write tha wird)	21. DATE OF DEATH 27 , 193/ (Month) (Oay) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Cosee Usung tow	22. IMEREBY CERTIFY. That attanded decessed from 27 193/ to 27 193/
6. DATE OF BIRTH (month, day, and year) Cuy, 8-1892	I last saw him alive on Oct 27 193/ ideath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 30 Pm.
34 2 1 2 1 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Fracture of shull Date of onset
	and givere baceration
9 Industry or business in which work was done, as SILK MILL.	of the hairs live to
11. Total time (years) this occupation (month and year) year)  12. Total time (years) spent in this year)	anto accident
Mall la Van	Other Contributory Causes of importance:
12. BIRTHPLACE (sity or town) (State or sountry)	
13. NAME Johnes Ceruston	
14. BIRTHPLACE (city or town) Mees Centrally	Name of operation. 71. Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy? Pre-
15. MAIDEN NAME Mary / owell	23. ff daath was due to axternal causas (VIOL ENCE) fill In also the following;
16. BIRTHPLACE (city or town) My Coultry	Accident, suicide, or homicide Court of Oate of Injury Ct 27, 1931
(State of dountry)	Where did injury occur? New Amendale Ind (Specify city or town, county and State)
17. INFORMANT AMES CALLED STOOLS, (Address) 636 N. G.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE On problec word, Ballo wash Bloom
18. BURIAL GREMATION, OR DEMOVAL Soltale Oct. 30, 1/31	Nature of injury Heavy blow on forchead.
19. UNDERTAKEN HIS Bate Millians (Address) B 26 Schoeder St 1904	24. Was disaaso or injury in any way related to occupation of daceased?
20. FILED Och 28, 1931 M. Brasheau	(Signed) The best S. M. Ceney M. O.
Registrar.	(Address) Jamel Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	) · · · · · · · · · · · · · · · · · · ·		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

accidently filled by Guts Luck mar murk he derione by
Am & Lane 393 Evide am Cor Ball me the said lane was
exhonorated by me and body rediesed by me on The 27 of fet 1931
at 188 10 m Honry m Scott Inplud of the Preace 10 district
Laurel Prince Gelorges ao Ma

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CANAL TO SELECT THE SE	
PLACE OF DEATH  County Pr Surges  Village or City Bours RTS (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 243  St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mundem (QU ), 1923 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Dsy)  (Year)  7 AGE	that I last saw h alive on 192, 192,
yrsds. orin.?  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	The CAUSE OF DEATH * was as follows:
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Margland  14 COUNTRY  15 BIRTHPLACE OF MOTHER (State or Country)  16 Margland  17 Margland  18 BIRTHPLACE OF MOTHER (State or Country)  19 Margland	Contributory Secondary  (Duration)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
(Informant) Pooner Bellium	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL

Registrar

20 UNDERTAKER

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

laborer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepts ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Mearbolic acid-probably suicide. The nature of the injury, telanus) may be stated under the head of "contributory." Recommendations on statement of cause of death American Medical Association.) approved diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Whooping cough; "Atrophy," "Collapse," "Coma," by Committee on Nomenclature of the "" "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The ," "Convulsions, contributory

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	PLACE OF DEATH	STATE OF MARYLAND
1/	County rence Googes	CERTIFICATE OF DEATH
X	9	Registration Dist. No. 235
Vi	illage or City Meadows (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in
	2FULL NAME de Roy Banks	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWCED (Write the word)	16 DATE OF DEATH ON S (Year) (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Sept 30, 1930 (Year)	that I last saw halive on, 192, 192, 192, 192, 192, 192, 192, 192, 192, 192, 192, 192
7	AGE [IfLESS than	and that death occurred on the date stated above, at 830 a.m.
	l day hrs.	
	/ yrs. 0 mos. /3 ds. or min.?	molneutiton:
1	occupation (a) Trade, profession or particular kind of work	Insufficient food. no history of disease. Cult P.
	(b) General nature of industry	
	business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9	BIRTHPLACE	Contributory Secondary
	(State or country) Maryland	Tiros. D. Gurajon Justa all mos
	10 NAME OF FATHER (CLASSES) BANKS	(Signed) Ames I Joyal M. D.
S	11 BIRTHPLACE	1987 (Address) The
RENTS	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AR	OF MOTHER alberta area	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	13 BIRTHPLACE	ients or Recent Residents) At place In the
	OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsrnesds
14	THE ABOVE IS TRUE TO THE BEST OF MY WNOWLEDGE	Where was disease contracted, if not at place of death?
	(1) all a 7 &	Former or usual residence
	(Address) Meadows. Mcf.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10/5/3/19
15	Filed 10/5/31 192 Thos. D. Geffelt	Pulchie Bros Pulche Mel
=	If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrunt, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the prinary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of use of "Tumor" for malignant neoplasms); Mcasles; diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; by Committee on Nomenclature Chronic Example: Measlcs (disease etc. The contributory valvular heart Always qualify all

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STATE OF MARYLAND-CERTIFICATE OF DEATH state infor-1. PLACE OF DEATH pluods Registration Dist. No. Village or Cit (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign hirth?. Length of residence in city or town where death occurred SICIAN 2. FULL NAME (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Year) classified. 5e. If married, widowed, or divorced HUSBANO of U 22. CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) / properly 7. AGE If LESS than Years Months to have occurred on the date stated above, at .!. stated 1 day, 2-4 -- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows Date of onset 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which pluods work wes done, as SILK MILL SAW MILL, BANK, etc .... 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spent in this that year) ----occupation. instructions 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town in plain (State or country) carefully What test confirmed diagnosis?\_ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in alse the following important Accident, sulcide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_ CAUSE OF DEATH 16. BIRTHPLACE (city or town (State er country) Where dld injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, plnods 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL mation Nature of injury Cause LION 19. UNDERTAKER (Address) Registrar. (Address) ----

BINDING

FOR

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MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		- Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of coset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

HYSI- Exact	PLACE OF DEATH County Prince Lea.	12130 STATE OF MARYLAND CERTIFICATE OF DEATH
EXACTLY, P	Village or City Meanarde (No. Ma) 2FULL NAME James France	Registration Dist. No. 245  St.: Ward)  St.: Ward)  Des Bowe street and number.)
Stated properli	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
BINDING PERMAN Should be t it may be s on back o	3 SEX 4 COLOR OR RACE MARRIED. MAULUL MARRIED. MAULUL MARRIED. MAULUL OR DIVORCED (Write the word)  6 DATE OF BIRTH  Luly 1887	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That Lattended the deceased from  182  182  183  183
VED FOR Published ACE orms so that	(Month) (Day) (Year)  7 AGE    If LESS than   I day hrs.   or min.?	that I last saw hold alive on follows:  The CAUSE OF DEATH * was as follows:
RGIN RESER' NFADING INK- 1 be carefully su DEATH in piain t	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) fruice Lev. Co. Med	(Durstion) Z/y[s. mos. ds.
MA Nation should CAUSE OF I	11 BIRTHPLACE OF FATHER  State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  OTHER  OF MOTHER  OTHER  OTHER	(Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
PLA L	13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents)  At place of death
Every Item CIANS SH Statement	(Informant) ellian / Seckett (Address) 1837 - 4th St nw.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL  10 PLACE
	Filed Oct 7 193 Miss an November Registrar	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specimearure, laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a report specifically the occupations of persons For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropey," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles;

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7	N. BEvery item of information should be carefully supplied. ACE should be
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	(H) WRITE PLANT WITH UNFADING INK-THIS IS A PERM

PLACE OF DEATH	STATE OF MARYLAND
County Muce Teorys	CERTIFICATE OF DEATH
00 9 1	Registration Dist. No. 24
Village or City Colman Mann (No.	12 Fairfiela St.: Ward) (If denth occurred in a hospital or Institution, give its NAME II. stead of streat and
2FULL NAME Sauce	erell Store number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M White STINGED, WIGHTED, OR DIVORCED (Write the word)	16 DATE OF DEATH Octobe 15, 193/ Octobe (Month) 15 (Day) 193/ (Year)
6 DATE OF BIRTH  (Month) (Day) (Yea	
7 AGE (If LESS t)	
2) (   I day	nrs. The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or m	n.?
(a) Trade, profession or	Clark Juterentain
particular kind of work until the control of the co	
business, or establishment in which employed or (employer)	(Duration) yrs. 5 mos ds.
9 BIRTHPLACE (State or country)	Contributory Sepondary Marustra (Durstion) vis Dos L ds.
10 NAME OF FATHER MARKET MARKET	(Signed) Saul W. Draeff M. D.
O 11 BIRTHPLACE	10/15 1981 (Address) /515 K. If Chr. M. Youl,
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lelen Windshton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recant Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Ims Emlie I Halidan	Former or usual residence
(Address) Colman Manor M	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10/19, 1931
15 Filed at 16 1921 Was Jas Seres	20 UNDERTAKER Homefund ADDRESS AS ME
	trar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1

10101

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Houscwife, Houseworked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation 6 Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved Examples: Accidental drowning; Struck by railway train-Whooping (Recommendations on statement of cause of death (elanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on cough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact PERMA A S MITH UNFADING INK--THIS m ż

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH

County mece Georges	CERTIFICATE OF DEATH
	Registration Dist. No. 242
Village or City Benna Vista (No	St.: Ward) (If death occurred i a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED	16 DATE OF DEATH ON 16, 193/
male colored (Write the word)	7 (Month) (Day) (Year)
6 DATE OF BIRTH don't	last alterded 15 furo about or 192
(Month) (Day) (Year)	that I last aw h alive on 192
7 AGE [IfLESS tha	and that death occurred on the date stated shove, at 11 45 Pm
Sout 64 I day hr	s. The CAUSE OF DEATH * was as follows:
yrs. minos, or min	? natural cause, probably
a) Trade, profession or Particular kind of work	apofelefy
(b) General nature of industry business, or establishment in which employed or (employer) authors and more	(Duration) yrs. mos. ds
9 BIRTHPLACE (State or country) Manyland	Secondary  Than D. Howardon Lly, (act core)
10 NAME OF FATHER games Bryand	(Signed) 3 rady M. D. 10/17/3/ 192 (Address) Seat Pleasanting
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Trany Johnson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) gave Bracet.	Former or usual residence
(Address) Benedicto End	Upper Marlborold Oct 19, 193
Filed Och 17 1981 Grace alow Registrar	Ritchia Broo Ritchiafin
If more bianks are needed, address State Registi	ear, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomolive For persons (b) Automobile factory. The materia. who have no occupation Coal mine, etc. Womnot gainfully\_em-(h) The quesengineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, uccident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicularia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: A ccidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. valvular heart Nomenclature The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE (	OF MARYLAND—	CERTIFICATE OF DEATH	2133
1. PLACE OF DEATH	2.	(82-a)	115
County Prince	enge	Registration Dist. No.	HO
Village or City Systtm	elle (1	ND. St, death occurred in a hospital or institution, give its NAME instead of street a	Mard number)
Length of residence in city or town where		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Ida J	Calhoun		
(a) Residence: No. 50	Vine are	St., Ward.	
	(Usual place of abode)	If nonresident give city or town  MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATIST  3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
F White	OR DIVORCED (garrie the word)	(Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. CALHEREBY CERTIFY, Libat Lattern	dod deceased from
A	Dece 13 1855	1 last saw h alive on	death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at / _ m.	,
76 75 11	i day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance we case follows:	Date of onset
Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc.	Petiried	Hen in amoun	
SAWYER, BDDKKEEPER, etc		apoplety	On 30
O Date deceased last worked at this occupation (month and year)	II. Total time (years) spent in this occupation		
Wark	notion.	Other Contributory Causes importance:	
(State or country)	o de	Culleri Meronis	
13. NAME William A	Calhoun		
14. BIRTHPLACE (city or town) Mas	hington	Name of operation Date	of Ch
(btate of beauty)	e o	What test confirmed diagnosis? Was there	an autopsy?
# 15. MAIDEN NAME Cornelis	a Thomas	23. If death was due to external causes (VIOLENCE) fill in also the follo	
O 16. BIRTHPLACE (city er town)	,	Accident, suicide, or homicide?	, 19
(State or country)	River	Where did Injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	State)
(Address) 50 Wine of	Al systleville me	a specify mischer injury occurred in the second process.	
18. BURIAL, CREMATION, DR REMOVAL	DC 41	Manner of injury	
Place Sold Surveyo	Date 166. 2, 191/	Nature of injury	00
19. UNDERTAKER John	Mught	24. Was disease eciplury in any way related to occupation of deceased	110
(Address) / 347-60	for Loved Hashi	If so, specify Jonnes 1	
20. FILED 0 31 19 31 P	no too Gener	(Signed) Junan Hipn	M. I
IC	Registrar.	(Address) (Addre	1

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ż

PLACE OF DEATH	12134 STATE OF MARYLAND
County R. Liv.	CERTIFICATE OF DEATH Registration Dist. No. 235
Village or City Washing Gryno.  2 FULL NAME Richard Coll	St: Ward)  St: Ward)  A hospital or institu- gion, give its NAMK in- atend of street and humber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White   5 SINGLE, MARRIED WILDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year	
TAGE about 60 years If LESS the ladyh	and that death occurred on the date stated above, at
S OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Hamshage & Heather Horge M Ost (Duration) was mos do.
10 NAME OF FATHER  U BIRTHPLACE OF FATHER (State or country)	(Signed) M.D.  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Jenns of Injury: and (2) whether
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	Accidental, Suicidal or Homicidal,  18 LENGTH OF RESIDENCE (For Hospitals, Institutious, Transients, or Recent Residents)  At place of death yrs mos de. State, yrs mos. da.
(Informant) Holest Jiles	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Survey (7.4)  Filed /25 1931 Thos & Suffette  Filed /25 1931 Thos & Suffette	Orl. Not. an 1/26, 1931 20 UNDERTAKER Bros. Plebre Ked
if more blanks are needed, address State Regist	rar. 16 W. Saratoga St., Balto., Requesting V. S No. L

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fuct may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the pisease causing pearsi, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages as Servant, Cook, ployed, as it echool of At home. ( are should be taken household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the Whatever, write None. to report specifically the occ pations of persons endefinite sulary), may be entered as Housewife, House labores, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Lucomotive engineer, the first line will be sufficient. e. g., Farmer or Planter cupation is very important, so that the relative health worked on may form par: of the second statement (1) Foreman. (b) Automobile factory. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applie, to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of oc-6 yra.). For many occupations a single word or term on 01 without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation Stationary firemen, etc. -Coal mine, etc. The material But in many Wom.

I LEE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid pneumenia"): spinal meningitis"); Diphtheria (avoid us. of"("roup"): ed term for the same disease. Examples: Corchrospinal to time and causation), using always the same acceptfever (the only definite synonym is "Epideunic cerebro-Statement of Cause of Death-Name, first, the pis pneumonia, Bronchopneumonia ("Pueumonia."

the certificate is permanently filed

tions answered in detail, it will prevent further correspond

If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

quences (e.g., sepsis, totanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma." "Conconditions, such as "Asthenia," "Anaemia" train-accident; Revolver wound of head-homicide; Examples: and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitie," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorary), 10 ds. causing death), 29 ds.; Bronchonneumonia stated unless important. Example: Mcustes (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meusles; ...... (name origin; "Cancer" is less definite; uvoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need FOR VIOLENT DEATHS STATE MEANS OF INJUBI "Debility" ("Congenital," "Senile." etc.), cough; Accidental drowning; Never report mere symptoms or terminal Chronic valvular heart Struck by railreau The na-(second-(merely

PHYSICIANS should state Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-SCOR mation should be carefully supplied. AGE should be stated EXACTLY. TH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINER, V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 1213
1. PLACE OF DEATH	239
County Tripue Jeorge	Registration Dist. No.
Village or City bontee M.d.	No. St., Ward
Length of residence in city of town where death occurredyrs.	os. ds. How long In U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Senjaming A. Lo ast	tou 20
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR DICE OR DEFORMED, WIDOWED, OR DEFORMED (winter) is word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. It married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That J attended deceased from
(or) WIFE ot	10/5 1931 10 10/5 1931
6. DATE OF BIRTH (month, day, and year) lug. 20, 1967.	Hast saw hear alive on 10/5, 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4
2 3 4 1 - 15   1 day, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trada profession or particular	Space crushed
8. Trada, profession, or particular kind of work dona, as SPINNER, soldier - Private SAWYER, BDOKKEEPER, etc.	much broken 10/5/2
kind of work dona, as SPINNER, scalar - Truvale SAWYER, BOOKKEEPER, etc Stalar - Truvale 9. Industry or business in which work was dona, as SILK MILLIFICATION CONTROL OF SAW MILL, BANK, etc 11. Total time (years) 10. Data deceased last worked at 1 - 11. Total time (years) 10. Data deceased last worked at 1 - 12. Total time (years)	
SAW MILL, BANK, etc	
o this occupation (month and medical Designation will year)	
h	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)  (State or country)	,
9 10 0 10	
13. NAME FRANK & Costanzo  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) untrown	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Date ef injury 1.0/5,1931
(State or country)	Where did Injury occur? Courte suf
17, INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY IN HOME, or in PUBLIC PLACE.
(Address)	Public Elgie
Place Data Data Data	Manner of Injury Authorstole  Natura of injury Kull Curched, buch broken
19. UNDERTAKER The we. White G. Lee C.	24. Was disease ar injury in any way related to occupation of deceased? Loo
20. FILE Oct 5 , 193/ M. Brusheau	(Signed) 13 - 1 Nagury M. D. (Address) Land Will
If more blanks are needed address State Periods	av new N. Charles Street Relimove Proposition 7) S. No. v.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Control le	1921	Run over by street car	1 week ago	
Cørebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
BUREAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

							1
Yh B IAI	DITIONAL SPACE FO	R FURTHER ST	<b>FATEMENTS</b>	BYTHYSICL	AN	1018	
the loady	7. 70260	1030 121	ngazni	ne UC	orlange		-
in seculari	from can	at Even	of Gug	une S	Jack don	at conte	
near funcis	Tanc Ter	945 60	me of	Relig	sed by	me (10/5)	3/
on the 5th	Day of @	claber 1	193/7	Vincat ?	m Scott	230	A)
				0 11	275	car Columb	-
				Justice	00/10010	Caronier	

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1 <sub>PL</sub>	True	ATHE		181
County.	True	, Ze	019-	
	a	0		

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(131)

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 230

llage	or City Frauchurlle (	No		
	9	. 11	,	1 -
	2FILL NAME LEMAN	Marre	1 m	Queres

St: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Lower OF RACE SINGLE, MARRIED, WIDOWED. OR OIVORCED (Write the word)	16 DATE OF DEATH OX 29 , 197/ (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h Low alive on PX 29 13/
7 AGE  91 yrs. 1 mos. 6 ds. or min.	The CAUSE OF DEATH & was as follows: The further
(a) Trade, profession or Netweed, Civil was	and information of old aga-
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 2 + yrs. mosds.
9 BIRTHPLACE (State or country)	Contributory Secondary Secondary (Duration) 2+ yrs mos ds.
10 NAME OF FATHER unknown	(Signed) At trecese M. D.
OF FATHER (State or country) unknown	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER unknown	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) mknown)	At place of death
(Informant) alice of Courts	if not at place of dea.h?
(Address) 608 Houghton CT. N.C.	Fort Lincoln Cemetery Oct 30, 186
Filed Oct - 29 - 1981 Short Smith	Jache Sons Hyatteplle
If more banks are needed, addre, a Ltate Kegistr	ar, 16 W. Saratoga St., Balto., Lequesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesmon, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully emcspecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The materia (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinul fever (the only definite synonym is "Epidemic cerebros, inal meninaitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

st\_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping Examples: Accidental drowning; Struck by railwoy train— "E.haustion," "Heart failure," "Ilaemorrhage, American Medical Association.) .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary), cough; Chronic valvular etc. The contributory affection need heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

1931

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g : ged in domestic service for wages, as Scrvant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (re Housemaid, etc. household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a yrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the If the occupation has been changed single word or term on Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS.

EASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of "(Exhaustion," "Heart Induce, machine," "Shock," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved tclanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the or intercurrent) for malignant neoplasms); Measles; Chronic valvular heart etc. The contributory affection need disease; not be

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		- to	1
R	)	d. Exa	
	CORD	any Item of information should be carefully supplied. ACE thould be stated EXACTLY, PHYSI-ANS should exite CAUSE CF DEATH in plain terms so that it may be properly classified. Exact stement of OCCUPATION is very important. See Instructions on back of certificate.	Vil
	LIN	stated properly of certif	3 5
MARGIN RESERVED FOR BINDING	ERMA	hould be t may be on back c	3 5
FOR B	S IS A P	d. ACE clso that i	7 /
ERVED	K-THIS	supplier in terms See Inst	8 (
IN RESE	DING IN	carefully TH in pla	8 () () () () () ()
MARG	H UNFA	CF CEA	
1	WRITE PLANTH UNFADING INK-THIS IS A PERMANNT CORD	any Item of information should be carefully supplied. ACE thould be stated EXACT ANS should exite CAUSE CF DEATH in plain terms so that it may be properly olass atement of OCCUPATION is very important. See Instructions on back of certificate.	PARENTS
	PL	id etct	
	RITE	Item of shou	14
6	7	AN	

/	PLACE OF DEATH County St. Surges	12138	STATE OF M CERTIFICATE Registration D	OF DEATH
Vill	age or City MallsuffacetNo.  2FULL NAME Bernaud Down	unig	St.: Ward)	(If d-ath occurred in a hospital or institu- tion, give its PAME is - stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE O	F DEATH
3 5	MARRIED, WIDOWED. OR DIVORCED (Write the word) Manual	16 DATE OF DEATH	USS.	ZZ, 198/(Year)
6 0	(Month) (Day) (Year)	10	Y CERTIFY, That I atte	
7 A	GE  5 3 yrs. 0 mos. 4 ds. If LESS than I day hrs. or min.?	The CAUSE OF DEA	TH * was as follows:	above, at 10-55 Pm.
T p	CCUPATION  a) 1 rade, profession or Analysis articular kind of work Analysis articular had a full of work Analysis articular had a full of the full of	La	as I Distin	
D bi	usiness, or establishment in hich employed or (employer)	Contributory _ Secondary	(Duration)	yrs
	10 NAME OF FATHER John 3. Downing	(Signed) 192	(Address) (Address	M. D.
RENTS	OF FATHER (State or country)  12 MAILEN NAME	Violent Causes, a		ury and (2) Whether
PA	OF MOTHER  13 BIRTHPLACE  OF MOTHER  (State or Country)	ients or Recent R At place of deathyrs Where was disease cor	mosds. In the	
14	(Informant) A LON DULL	it not at place of de Former or usual residence	a h?	DATE OF BURIAL
624	(Address) (NOOW, Mg)	lroo	we med	Och 24, 1001
15	Filed Oct 23193/ Gruest W Same	Patellie	Bros	Attlui Ma
ł.	If more blanks are needed, addre.s Ltate Kegistrai	r, 16 W. Saratoga Lt.,	, balto., Lequesting V. S	. 1.0. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, cspecially in industrial employments, it is neces-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) Automobile factory. The (b) Grocery; materia

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); sinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,");

carbolic acid-probably suicide. The nature of the injury, telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, aceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Chronic interstitial nephritis, approved by Committee on Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart disease; Nomenclature

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more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto Requestive V. S

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Structment of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the came disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic corobrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia". Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) use of "Tumor" for malignant neoplasms): mges, peritonacum, etc., Carvinona, Surçoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." quenees (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse Poisoned by carbalic acid-probably suicide. The naas probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, of taken. For violent duaths state means of injury State cause for which surgleal operation was under "Puerperal septicuemia." Puerperal peritonitis," etc. diseases resulting from childblrth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia." "Weekness." etc., when a definite disease rhage," "Juanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor symptomatic); "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), W ds. causing death). 29 ds.; Bronchopneumonia stated unless important. Example: Mousles (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory ...... (name orlgin; "Cancer" is less definite; avoid train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railroay vulsions," Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Senile," etc.) Never report mere symptoms or terminal (Recommendations on state-"Соша," "Соп-Meastes; (seeond-(disease (merely

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WRITE PLAINLY, WITH UNFABING LAND A stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state KECORD. Every item of infor-WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY,

V. S. No. 1

1. PLACE OF PEATH	CERTIFICATE OF DEATH 12140
County Nince longer 1,	Posistation Dist. No.
Village or City The Laurel Fanitaria	Registration Dist. No.  ND. Accused Made St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  6 ds. How long In U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME! Usme Ollists	
(a) Residence: No. Annapolis Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male  4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH  (Month) Och. (Day) 22 , 193 (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. IMEREBY CERTIFY. That I attended daceased from 1931, to Och 22 1931
6. DATE OF BIRTH (month, day, and year) May 30, 1861	I lest saw h_m alive on October 2/ at 193/ ; death is said
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the dete stetad above, at 4 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Chronic Myocardilio
9. Industry or business in which work was done, es SILK MILL, & forwlo  10. Date descend last worked at this occupation (month and the countries)	
10. Date deceased last worked at this occupetion (month and Oct 1931 spant in this occupetion	Other Caatributery Causes of importance:
12. BIRTHPLACE (city or town) Md. (State or country)	Office Contributory Consect of Amportance.
13. NAME Richard L. Elliott	
13. NAME Vichard L. Collection  14. BIRTHPLACE (city or town)  (State or country)	Name of oparation Dete of Dete of Whet test confirmed diagnosis? None, examely that an autopsy?
15. MAIDEN NAME Amelos Mard  16. BIRTHPLACE (city or town) Md  (Stata or country)	23. If daath was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicida?
17. INFORMANT Harry W. Elliott (Addrass) annapolis Md-	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Sauch Pluce Date OSP 24, 1931	Manner of injury
19. UNDERTAKER 19 I Hopfman	24. Was disaese er-injury in any way releted to occupation of deceased? No
20. FILED Och 32, 93/ M. Brasheaup.	(Signad) Allower M. D.  (Address) Zausel, Md.

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	. 3	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis 2200	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1 10 6 101	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	PERM	should it may
FOR	IS A	ACE
MARGIN RESERVED FOR BIND	WRITE PLACY, ITH UNFADING INK-THIS IS A PERM	N. BEvery Item of information should be carefully supplied. AGE should CIANS should state CAUSE OF DEATH in plain terms so that it man
	WRITE	W. BEvery item o
		Con .

V. S. No. 1

PLACE OF DEATH	12141 STATE OF MARYLAND
County Prince Leages	CERTIFICATE OF DEATH
	Registration Dist. No. 243
Village or City Bruce (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Francis Stan	by Fault stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED / 1	16 DATE OF DEATH
N Colored (Write the word) Single	(Month) Oct (Day) 15 (Year) 19
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
January 14, 1931	act 9 19231. to act 11 , 1923
(Month) / (Day) (Year)	that I last saw ham alive on act. 1943.
7 AGE	and that death occurred on the date stated above, at 10 70 m.
yrs. O mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	The state of the s
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in ——————————————————————————————————	(Duration)yrs mos 6 ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Duration)ds.
FATHER Rogers Gantt	(Signed) Meny J. M. D.
O II BIRTHPLACE OF FATHER	Oct. 15 1923/ (Address) Bowie, Mrd.
OF FATHER  (State or country)  12 MAIDEN NAME  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Tertrude Borne	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Maryland	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
a.c. (A)	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL
(Address)	asemsion Church (Cot 16, 193)
Filed Meh. 16 19231 Francuet Registrar	20 UNDERTAKER ADDRESS BOWGE WA
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requisting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., wavelaborer, laborer, teho are business, that fact may be indicated thus; Farmer (see state occupation at beginning of illness. If retired Housemuid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. gaged in domestic service for wages, as Servant Coo to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Solesman. without more precise specification as Day 6) For persons who have no occupation Automobile factory. The material Laborer-Coal mine, etc. Womperson, irrespective of (6) Grocery; of the fruh

Statement of Cause of Death—Name, first, the first base causing death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: (\*erebros pinas fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria avoid use of "Croup" Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature technus) may be stated under the head of "contribution on statement of cause of American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping mus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular Example: Measles (disease affection need etc. The contributory Always qualify all heart not be disease;

It his certificate is looked over thoroughly and all questions and recedin detail, it will prevent further correspondence. All the ideal is essential and must be obtained before the certificate is permanently filed

1931

CORD. Every item of infor-PHYSKIANS should state of OCCUPA. Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE-PLAINLY, N. B.-

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 1214		
1. PLACE OF DEATH	82-a		
county Prince Since	Registration Dist. No.		
Village or City Nid Cel	NoSt.,Wa	ard	
1 4/1	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?	da	
0	as. now long in 0.5.11 of foreign birth?yrsmos	as.	
2. FULL NAME Jours famillo			
(a) Residence: No. [U. al (Uaual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Warred	21. DATE OF DEATH  / O - / (Month) (Day) (Yeer)	;-=	
50. Whatried, widowed, or divorced (USBAND of CO) WIFE of John J Hamilton	22. 91 HEREBY CERTIFY. Thet I ettended deceased fi	rom	
6. DATE OF BIRTH (month, day, end yeer) unlesson	I last saw h_4 elive on 9 - 3 0 19 3 1; death is s	said	
7. AGE Years Months Deys If LESS than	to heve occurred on the date steted ebove, at 1:00 Pm.		
60   1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	eat.	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hemiflegie 9-2		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
O Date deceased last worked at this occupetion (month end year) year)			
12. BIRTHPLACE (city or town) Mo	Other Contributory Causes of Importance:	27-4	
(Stete or country)			
I 13. NAME MULLI YENDOW			
13. NAME Pully Yer Sov.  14. BIRTHPLACE (city or town)  (Stete or country)	Name of operation		
	What test confirmed diegnosis? July 7 M. Was there en eutopsy? J	<u>v</u>	
15. MAIDEN NAME Polly Slawarts  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:		
O 16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?		
17. INFORMANT John J Habiyellow	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR DEMOVAL			
Plece Washingloste 3.,193)	Menner of Injury		
19. UNDERTAKER F Garchs Low	24. Wes disease or injury In eny way related to occupation of decessed?		
20, FILED / 5 - 2 19 3 1 9 ohn & Weast	(Signed) A Phillip 1 Athon M	и. D.	
Registrar.	(Address) 6 11 this At L.C.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4-3	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Coak to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. Worn-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perdonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary). use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association. approved by Recommendations on statement of cause of as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Debility" ("Congenital," (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature "Heart failure," "Ilaemorrhage, Chronic Example: Measles (disease etc. valvular heart disease; The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND County / mice CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. BINDING WIDOWED. m OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Dav) (Year) 7 AGE IlfLESS than and that death occurred on the date stated above, at Wo I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? hale cystatis ERVE 8 OCCUPATION (a) Trade, profession or land Inspect (b) General nature of industry business, or establishment in which employed or (employer) / enn (Duration) MARGIN 9 BIRTHPLACE Secondery (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, Z or, Violent Causes, state (1) Means of Injury and CAU (State or country) (2) Whether Ш Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 1B LENGTH OF RESIDENCE (For Hospitels, Institutions, Transtate CUP ients or Recent Residents) CCU 13 BIRTHPLACE In the At place OF MOTHER of death .... (State or Country) Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h?.. Former or usual residence Every it CIANS stateme 20 UNDERTAKER

If more blanks are needed, addre s State Registrer, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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V. S. No. 1

County Prince Ger	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 232
Village or City Market Market Jud  2FULL NAME AMberrie Sun	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH LA 3 , 193/
6 DATE OF BIRTH  Dag /2, 193/ (Month) (Day) (Year)	that I last saw har alive on OCH 20, 198/
7 AGE  If LESS that I day hrs or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Ollo-Colcus
which employed or (employer)  BIRTHPLACE (State or country) Marykan /	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Signed)  (Signed)  (Duration)  (Duration)  (Duration)  (Duration)  (As an
11 BIRTHPLACE OF FATHER (State or country) W 12 MAIDEN NAME M	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Many Chine  13 BIRTHPLACE OF MOTHER (State or Country) Manyland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) Thomas freham	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
Filed W 2 + 193 / Carl Fruit Registrar	20 SHERTAKER JACKSON SUPERSON
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 4.

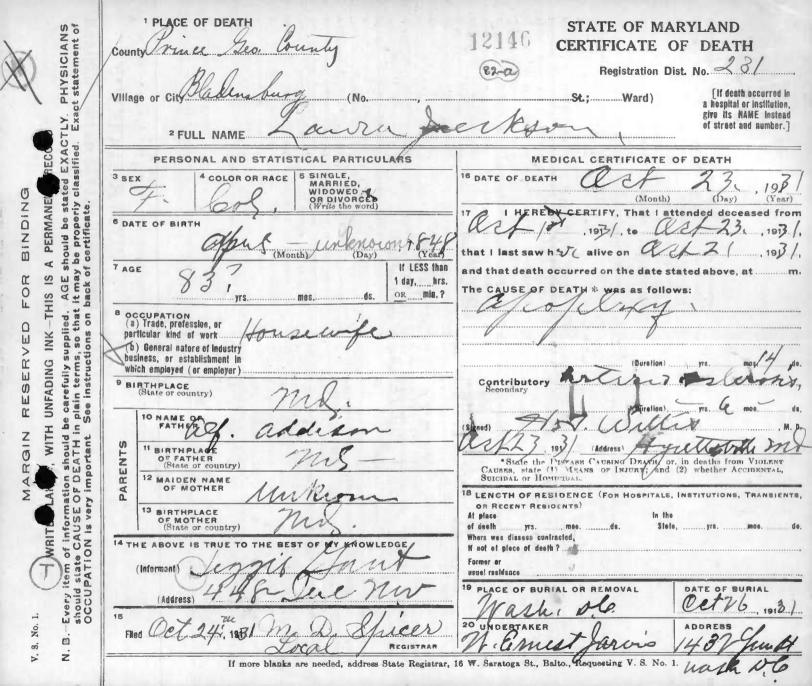
(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Former or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-At Home, and children, not gainfully emwithout more precise specification as Doy Compositor, Architect, For persons who have no occupation (b) Automobile factory. The -Coal mine, etc. Locomotive (b) material Grocery; engineer,

Statement of Cause of Death—Name, first, the DINEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('ercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy." "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicoemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; approved Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The niture of the injury, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing death), 29 ds.; Bronchopmcumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by cough; Committee on Chronic etc. valvular heart Nomenclature Always qualify all The contributory "Dropsy, disease;

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spinal ineningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-CAUSING DEATH (the primary affection with respect to term for the same disease. Examples: unqualified, is indefinite); Tuberculosis of lungs, menin-Lobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid pneumonia"); Statement of Cause of Death-Name, first, the DISEASE and causation), using always the same accepted ("Pneumonia, Cerebrospinal

> SUICIDAL, or HOMICIDAL, or as probably such, if impossible head Struck by railway train-accident; Revolver wound on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) and consequences (c<sub>1</sub> g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, to determine definitely. Examples: Accidental drowning. surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," birth or miscarriage as "Puermenal septichaemia," cause. mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Scuile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heart "Anuemia" (merely symptomatic), lapse," "Coma," "Convulsions," symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere cough; Chronic valvalur heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of . . . . . ctc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; rent) affection need not be stated unless important (name origin; "Cancer" is less definite; avoid use of -homicide; Poisoned by carbolic acid-probably MEANS OF INJURY and qualify as Always qualify all diseases resulting from child-The contributory (secondary or intercuretc. State eause for which "Debility" "Atrophy," ("Con-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques 5

the certificate is permanently filed.

STATE OF MADVI AND CEDTIFICATE OF DEATH PHYSICIANS should state Exact statement of OCCUPA-ECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY,

County Prince Georges	Registration Dist. No. 23
Village or City. Andwick md	No. St., Ward  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  Semale  Oclored  5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Jays  If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, AX SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State er country)  Months  Days  If LESS than 1 day, hrs. or min.  11. Total time (years) spent in this occupation  (State er country)	22. I HEREBY CERTIFY, That I attended deceased fro  19 , to
14. BIRTHPLACE (city or town). Gelbert, South, (State or country) Carolina	Name of operation
15. MAIDEN NAME Oneg White  16. BIRTHPLACE (city or town) Molerson, (State or country) South Carolina  17. INFORMANT Greet Fate Liftes (Address) Jandower Friangland  18. BURIAL, CREMATION, OR REMOVAL Place Glenarden Md Date Oct. 47h, 1931	23. If death was due to external causes (VIQUENCE), fill In also the following:  Accident, suicide, or homicide (CICHA). Date of Injury
19. UNDERTAKER To Sasch Bons (Address) Hyuttaville md. 20. FILEO Oct 4 th., 1931 M. I. Spicer Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) Occus Gundling, asting Gorong  (Address) Amhama Pro Geo Change  24.12 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 11, 5 931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
RUPLAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

nfor- state UPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	
a of ould OCC	County Cause derry	Registration Dist. No.
item of should of OCC	Village or City Success Chifast Rd / Hystanile	MD. St., Wardeath occurred in a hospital or institution, give its NAME instead of street and number)
> 02 + /	Length of residence in city of town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosd
CORD. Every PHYSICIANS ct statement	2. FULL NAME Canse Mails	4
SIC ate	(a) Residence: No. 2107 - 8. Sh Worsh &C	St. Ward. Lermany
OH.	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5 2 .	3. SEX 4. COLOR OR RACE While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
BINDING ERANNEN EXACT y classified.	5a, If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Lattended deceased fro
Cla X	0 0 0 1	Act 3-
PE PE	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	i lest saw h alive on the date stated above, at
FOR B IS A PE stated E properly certificate	1. AGE THAT'S MONTHS () Least that	The PRINCIPAL CAUSE OF DEATH and related causes of importance
FO IS stat prop	3 D   3   V     ormin.	were as follows:
. 70	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	taken a lania luko
<b>T</b>		Chronic acting
K—T hould may back	SAW MILL BANK etc	
Zaria	11. Total time (years) this occupation (month and spent in this	
	year) occupation	Other Contributory Causes of importance:
Z	12. BIRTHPLACE (city or town) Jacon any.	11
AD AD ed. S, S	(Stete or country)	Juberculasis Lang nageal
ARGIN REUNFADING UNFADING Ipplied. AGH terms, so that instructions	# 13. NAME Fredrick Maile	acute
D in the	13. NAME Fredrick Maile 14. BIRTHPLACE (city or town). Denn and	Name of operation Date of
. = 00	1 (State of country)	What test confirmed diagnosis? Was there an autopsy?
efully in pla	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	5 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
be c	∑ (State or country)	Where did injury occur?
A DIG Y	17. INFORMANT 4 TITES Mails M. G. (Address) 2 107 - 8 1 Topics W. G.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
77 10	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
77. 19.4	Place	Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER Jos. 7 Birchie Sen.	24. Was disease or injury in any way related to occupation of deceesed?
N. S. W.	20. FILED Oct. 31, 1931 Mrs. 200 Derene	(Signed) Layrand of monage M.  (Address) 3015-1454 200
	If more blanks are peeded address Soils Registrar.	2455 N. Charles Street Relainings Property 71 S. No Order J. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULEAUY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.-

	County Priase George	STATE OF M CERTIFICATE Registration I	OF DEATH
v	illage or City Mt Rame (No. 36  2FULL NAME Douglas Mille	03 P. Che St.: 16 Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	OF DEATH
3	Male White Single, Married On Divorced (Write the word)	16 DATE OF DEATH Oct 10 (Month) 10	, 19 <b>3</b> /, (Day) / 93/(Year)
6	Selst (Month) (Day) (Year)	I HEREBY CERTIFY, That I atte	ended the deceased from
7	AGE  7 2 yrs. / mos. 4 ds. or min.?	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, at 2 30 A m.
0	(a) Trade, profession or particular kind of work Walchman  (b) General nature of industry business, or establishment in Pak Office Defic.	Delerous of br	vis. — mos. — de.
9	business, or establishment in Post Office Deft. which employed or (employer) Post Office Deft.  BIRTHPLACE (State or country) Clarksburg W. Va	Contributory Secondary (Durylide)	
, v	10 NAME OF FATHER Thomas Muller 11 BIRTHPLACE	(Signed) Turnor July Sex 10 1931 (Address) 1801-9-	releg M. D.
RENT	OF FATHER (State or country) W. Va.	*State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
PA	OF MOTHER matilla West  13 BIRTHPLACE OF MOTHER (State or country) W. Va	18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)  At place In the of death yrs	ale, Institutione, Trans-
14	(Informant) 6 & Connelly	if not at place of death?  Former or usual residence	
	(Address) 3 60 3 R. I Gire, My Raine Vins	Is place of Burial OR REMOVAL	Oct /2 , 193/
18	Filed 19 Gay hall, M. S. Registrar	H. B. Nevius	Wash D.C.
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, er," etc., Spinner, (b) Cotton mill; (a) Solesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the dutics of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Former or Planter, Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, yrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile foctory. (a) the kind of work and also (b) the and children, Loborer-Coal mine, etc. not gainfully em-The material The ques-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e. g., sepsis, corbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atie), "Atrophy," "Collapse," "Coma," "Convulsions, stited unless important Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; American Medical Association.) can be ascertained as the cause. eausing death), 29 ds.; L. (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart discase; unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid peritonacum, etc., Never report mere symptoms or terminal condiinterstitial ncphritis, Committee on Nomenclature Carcinomo, Sarcoma, etc., of Example: Measles (disease chopnoumonia (secondary), etc. Always qualify all The contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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infor

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	CIAN
ADDITIONAL STACE FOR FURTHER STATEMENTS BI PRISI	11111

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23 (If death occurred in Ward) a hospital or institution, give its NAME it stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR-DIVORGED Write the word) (Month) 21 (Day 93/ (Year)... ma n ba 6 DATE OF BIRTH That I attended the deceased from t m (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. ds. or min.? 8 OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) ......yrs.......nos..... which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 0 10 NAME OF 1. (Address) BIRTHPLAC \*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. ENT S CAU (State or country) D: 4 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) stote CCU. 13 BIRTHPLACE At place In the OF MOTHER of death ..... yrs... (State or Country) Ö T Where was disease contracted, it not at place of dea.h? usual residence Hanno statem et 20 WNDERTAKER If more banks are needed, address tate Kegistrar, 16

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseer," etc., without more precise special and a way laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosian meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "('E.haustion,')" "Heart lauure, saccuration, '' "Shock," "Old Age,')" "Shock," "Uraemia,'' "Weakness,'' etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondar) Whooping cough; Chronic Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) affection need not be ass important. Example: Measles (disease " "Coma," "Convulsions, valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

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PLACE OF DEATH	12152 STATE OF MARYLAND
County Muce Herges	GERTIFICATE OF DEATH
0	Registration Dist. No. 239
Village or City Zawel, (No. Law 2 Pars)	wel Sandarum St.: Ward)  (If death occurred in a hospital or inetitudin, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED. WISOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OCT 2/ , 193/ 6C+ (Month) 2/ (Day) 193/ (Year)
6 DATE OF BIRTH  Marcy 4, 1845  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from OC+. 14 1928 to Det 21. , 1931, that I last saw h im alive on OC+. 21 , 1931.,
7 AGE  86 yrs. 7 mos. 17 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	angina fectoris
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Certify  Certify  Particles  (State or country)	(Duration) yrs. 7 mos. ds.  Contributory attenosceros Secondary (Duration) 10 yrs. inos. ds.
10 NAME OF Thomas & Parsons	(Signed). J. a. Metay M. D. Oct. 21 1931 (Address) Laurel, md
OF FATHER (State or country)  Securify  OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth Bulley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  State or Country)	At place 3 yrs 0 mos. 7 ds. In the State yrs mos ds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or Meford, Del.
(Informant) World ennell  (Address) Michael Dil:	19 PLAGE OF BURIAN OR REMOVAL BATE OF BURIAL Chestertous Md Bet. 24 19 3
15 Filed Off 193/M. / Drasheare Registrar	The WC White Coler ADDRESS
If more banks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

19159

(Approved by U. S. Census and American Public Health Association.)

fired 6 yrs). or given up on account of the DISEASE CAUSING DEATH Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

Streement of Cause of Death—Name, first, the DISEALL ('USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discuse. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "Ezhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need ..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart etc. The contributory Nomenclature of the not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6

CERTIFICATE OF DEATH  Registration Dist. No. 28  Village or City E. Pirindale (No. 24  2FULL NAME		PLACE OF DEATH	12153 STATE OF MARYLAND
Village or City E. Wardale (No. Authority St.: Ward) (If thesh occurred in hamital stead of street and number.)  PERSONAL AND STATISMCAL PARTICULARS  3 SEX		County 1. Jeonge	CERTIFICATE OF DEATH
PERSONAL AND STATISMCAL PARTICULARS  PERSONAL AND STATISMCAL PARTICULARS  3 SEX  4 COLOR OR RACE  MARRIED  MIDDIA  (Month)  (Day)  (Write the word)  6 DATE OF BIRTH  16 DATE OF DEATH  17 I HEREBY CERTIFY, That I attended the deceased from the day has a file on the date stated above, at me that I have as a follows:  18 OCCUPATION  (Month)  (Mon			Registration Dist. No. 28/
PERSONAL AND STATIS CAL PARTICULARS  3 SEX  4 COLOR OR RACE  White  White  White  Winter  Winter  PRISONAL AND STATIS CAL PARTICULARS  3 SEX  4 COLOR OR RACE  White  White  White  Winter  White  Winter  Win		Village or City & . Urivadale (No.	netta (me con y 1) Of death occurred in
3 SEX 4 COLOR OR RACE MARKET WILDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH  OA (Month) (Day)  (Year)  17 I HEREBY CERTIFY, That I attended the deceased from that I last awn h. alive on. 192 that I last awn h. alive on. 192 that I last awn h. alive on. 192 and that death occurred the deceased from the CAUSE OF DEATH ** was as follows:  (B) Central nature of industry business, or establishment in which employed or (employer)  10 NAME OF FATHER  OF PATHER  OF PATHER  OF OF ATHER  TO OF OTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  AMADEM AND  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE (Informant)  LA THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  (Informant)  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  (Informant)  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  (Informant)  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  (Informant)  LA THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  (Informant)  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  (Informant)  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  (Informant)  THE CAUSE OF DEATH  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  (Informant)  THE CAUSE OF DEATH  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  (Informant)  THE CAUSE OF DEATH  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  (Informant)  THE CAUSE OF DEATH  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  THE ABOVE IS TRUE TO, THE BEST OF MY KNOWLEDGE  THE ABOVE IS TRUE		2FULL NAME Infant l'ay	stead of street and
Male White Wiscower Corp.  B DATE OF BIRTH  CA 2 4 193/ (Month) (Day) (Year)  TAGE  IFLESS than i day hrs. de occupation  (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (state or country) & Awangton  TO NAME OF ATHER (State or country) Washington  I BIRTHPLACE (State or country) Washington  OF MOTHER (State or Country) Washington  To MOTHER (State or Country) Washington  A THE ABOVE IS TRUE TO THE BEST OPMY KNOWLEDGE  (Informant) Washington  (Address) Gast Washington  (Address) Gast Washington  To Filed Oct Sto. 1981 May Dr. Speciation  Tipe Called State or Country  Market (State or Country) Washington  To MOTHER (State or Country) Washington  A place of death or country  Market (State or Country) Washington  Signed Called State (1) Means of Injury and (2) Whether Abelianals State (1) Means of Injury and (2) Whether A		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
THEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year)		Married, Jungle Wildowed, Jungle On DIVORCED	Still-lvlh, 192
TAGE    Compation   Compation			17 I HEREBY CERTIFY, That I attended the deceased from
The CAUSE OF DEATH * was as follows:    Social Particles   March   Mar		Oct 24 1931	
The CAUSE OF DEATH * was as follows:  The CAUSE OF DEATH * was as foll		(Month) (Oay) (Year)	that I last saw halive on, 192,
BOCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO, THE BEST OPMY KNOWLEDGE (Informant)  (Address)  (Address)		in ELESS (Hail	
Contributory  Duration  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BERTHPLACE (State or country) & Duration  TO NAME OF FATHER (State or country) Washington  II BIRTHPLACE OF FATHER OF MANAGED (Signed)  To MOTHER OF MOTHER OF MOTHER (State or Country)  To MOTHER (State or Country) Washington  To MOTHER (Sta			The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) & Washington  10 NAME OF FATHER OF FATHER (State or country) Washington  11 BIRTHPLACE OF FATHER (State or country) Washington  12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Washington  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Washington  (Address) And Washington  (Informant) Washington  (Address) And Washington  (Addres	1	B OCCUPATION	
(Signed) (Duration) (Duration)  Secondary  Contributory Secondary  Contributor		(a) Trade, profession or	Suu- evin
Dusiness, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) & Marking Cayne  OF FATHER (State or country) Washing Cayne  10 NAME OF FATHER (State or country) Washing Cayne  OF FATHER (State or country) Washington  12 MAIDEN NAME OF MOTHER (State or Country) Washington  13 BIRTHPLACE OF MOTHER (State or Country) Washington  (Informant) Washington  (Informant) Washington  (Address) At Place (State or Country) Washington  (Informant) Washington  (Address) At Place (State or Country) Washington  (Informant) Washington  (Info	4		
Description of the properties	1	business, or establishment in	(Duration) was mos de
Secondary  Secondary  Secondary  Secondary  Secondary  Duration  Jo Name of Father Layrus Mehrin Payre  State or country)  State or country)  Washington  State or country  La Malden Name  OF MOTHER  OF MOTHER  OF MOTHER  (Informant)  (Informant)  (Informant)  Address)  Layrus Mehrin Payre  (Informant)  (Address)  Layrus Mehrin Payre  (Informant)  Layrus Mehrin Payre  (Informant)  Layrus Mehrin Payre  Secondary  Duration)  M. D.  State the Visicase Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death  Where was disease contracted, in out at place of death.  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Bladlusky Ind  Coll 15, 1981  Address  Address  ADDRESS  Filed  ADDRESS  Filed			
Signed   S			Secondary
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed  16 Oct 155 1981  17 Maidenty  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transmissions or Recent Residents)  At place of death yrs mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Pladlusky Institutions, Transmissions or Recent Residents  DATE OF BURIAL  Pladlusky Institutions, Transmissions or Recent Residents  At place of death yrs mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Pladlusky Institutions, Transmissions or Recent Residents  DATE OF BURIAL  Pladlusky Institutions, Transmissions or Recent Residents  DATE OF BURIAL  Pladlusky Institutions, Transmissions or Recent Residents  DATE OF BURIAL  Pladlusky Institutions, Transmissions or Recent Residents  DATE OF BURIAL  Pladlusky Institutions, Transmissions or Recent Residents  DATE OF BURIAL  Pladlusky Institutions, Transmissions or Recent Residents  DATE OF BURIAL  Pladlusky Institutions, Transmissions or Recent Residents  DATE OF BURIAL  Pladlusky Institutions, Transmissions or Recent Residents  DATE OF BURIAL  Pladlusky Institutions, Transmissions or Recent Residents  DATE OF BURIAL  Pladlusky Institutions, Transmissions or Recent Residents  DATE OF BURIAL  Pladlusky Institutions, Transmissions or Recent Residents  DATE OF BURIAL  Pladlusky Institutions, Transmissions or Recent Residents  DATE OF Hospitals, Institutions, Transmissions or Recent Residents  At place of death, Institutions, Transmissions or Recent Residents  DATE OF HOSPITAL OR REMOVED  STANDARD OF THE PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL OR REMOVAL  D			6 tail 1 81. 11 901
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  (Informant)  (Address)  (Address)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Ad		IN DE FATHER	
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  (Informant)  (Address)  (Address)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Ad		(State or country) Washington 25	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
At place of death		of Mother Thangare Courd	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
Where was disease contracted, if not at place of dea.h?  (Informant) Coysins Mehnichype  (Address) Cast Christale, Ma  (Address) Cast Christale, Ma  (Address) Filed Oct 25. 1981 M. Dr. Speal Registrar  Filed Oct 25. 1981 M. Dr. Speal Registrar  Where was disease contracted, if not at place of dea.h?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  OUT 25. 1991  20 UNDERTAKER  ADDRESS  Filed Sorra Bladushing And		OF MOTHER ON TO	At place In the
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If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		Filed (Oct 25 1981 11) - Sheer	THE GOLD CONTROL ADDRESS
		If more banks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precious continue, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, nature of the business or industry, and therefore an Civil engineer, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia, " "Weakness," etc., when a definite disease (secondary as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on Nomenclature of the or intercurrent) affection need not be Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Eshould be stated EXACTLY, PH It it may be properly classifled. It is on back of certificate.	
tha	
I. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PH. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Estatement of OCCUPATION is very important. See Instructions on back of certificate.	
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. BEvery I CIANS statem	

PLACE OF DEATH	STATE OF MARYLAND
County Prince Gauges	CERTIFICATE OF DEATH
	Registration Dist. No. 235
Village or City allustration	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an
2FULL NAME TASEL	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 6 7 39 , 1934
6 DATE OF BIRTH  6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE   If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at 9 mm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosd
9 BIRTHPLACE (State or country) manyloud	Contributory Secondary  (Duration)
10 NAME OF FATHER GEORGE W. Proctor	(Signed) M. E. M.
OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cally R Butler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Hellenton precton	Former or usual residence
(Address) allenting, had	Pis calaway, DATE OF BURIAL
15 Filed 1 /30 /31 192 Thos. J Suffell	Leo. H. Proclor. Callentown He
If were browned and address State Posietros	16 W Saratoga St. Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, laborer, Foreman, For many occupations a single word or term on 10 yrs). Farm laborer, (b) Cotton mill; (a) Salcsman. At Home, and children, not gainfully emwithout more precise specification as Day For persons (b) Automobile factory. The Laborerwho have no occupation -Coal mine, etc. Locomolive (b) material engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Serumu, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Neverreturn "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on 10 yrs). Farm laborer, Laborer-At without more precise specification as Day Home, and children, not gainfully em-For persons (b) If the occupation has been changed Automobile factory. The who have no occupation -Coal mine, etc. materia Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is 'Epidemic cerebrospinal meningitis''); Diphtheria avoid use of 'Croup''); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) can be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Committee on Chronic affection need not be etc. valvular heart Nomenclature The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

D. TLY, PHYSI-	Village or City / B (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 740  St.: Ward) (If death occurred in a hospital or institu
ated EXA coperly charges	2FULL NAME James J. H.	tion, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ING Re	Mole Wite the word)	(Month) (Day) (Year)
E HO	6 DATE OF BIRTH  (Month) (Day) (Year)	that I lake saw have alive on Hand
IS IS ed. A	7 AGE   If LESS than I day hrs.   ds. or min.?	and that death occurred on the date stated above, at
ERVE NK-T y supp gain ter See I	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Down upon of
	business, or establishment in which employed or (employer)	(Durstion) 9 yrs. mos. ds
R N POUT	9 BIRTHPLACE (State or country) Chrole Count	(Signed)
MATH Ushoul	FATHER Mighord & Perhay	Qt 30 198/ (Address) Willy
Nation shorts cause c	OF FATHER  (State or country)  12 MAIDEN NAME(A)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
H - 6 V	of Mother Many & Policy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
f inform	13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsds. In theyrsds. Where was disease contracted,
T 034	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
ite s s	(Informant) Marione Kobey	usus residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
Every CLANS	(Address) Tourndyine Mil	Ohilofled Oct 30, 31
B. No. 1	Filed Oct 30 1921 Julies K. Swith	HUNTT # RYON WALDOR
Þ Ż	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Julness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer, Civil angineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the 6 Grocery;

Strtement of Cause of Death—Name, first, the Dis-EACT CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Dinktheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarconua, etc., of carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railreay train and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion, "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; Chronic etc. The contributory affection need valvular Nomenclature Always qualify all heart not be disease;

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on tetonus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sareoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, earbolic ocid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. valvular Nomenclature Always qualify all The contributory heart Measles ; disease;

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	grand !	Example II  The principal cause of death and related causes Date of onset of importance were as follows:		
The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	:1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	• 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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RESERVED

MARGIN

WRITE PLA

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. tia DC (No. K #3 Camp Same (If death occurred in a hospital or institution, giva its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) Marrea I HEREBY CERTIFY, That I attended the deceased from 17 6 DATE OF BIRTH ctions (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the data stated above, at I day hrs. The CAUSE OF DEATH \* was as follows. or min.? te (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in which employed or (employer) mpor Contributory 9 BIRTHPLACE (State or country DA 10 NAME OF DD FATHER 11 BIRTHPLACE ENTS \*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal. OF FATHER or, Gr CAUSI (State or country) of Injury and 12 MAIDEN NAME AR 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP, ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER yıs.....ds. of death. (State or Country) 00 Where was disesse contracted, of if not at place of death? item s shou Former or ment usual residence (Informant) DATE OF BURIAL **CIANS** (Address) Filed If mora bianks are neaded, address Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Scruant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective or fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, For persons who have no occupation -Coal minc, etc. Locomotive engineer, (b) material Grocery,

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(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," stated unless important. American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthonia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and eonsequences (e. g., sepsis, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion, Chronic interstitial nephritis, inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menapproved by Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Committee on Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease affection need not be etc. The contributory valvular heart Nomenclature Always qualify all disease

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PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. married WIDOWED. OR DIVORCED Write the word 6 DATE OF BIRTH (Day) 7 AGE Ilf LESS than I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME / OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) OF MY KNOWLEDGE (Informant)

Former or usual residence

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

THOMPSON	St.:	tion	f death occ nospital or n, give its N ad of stro mber.)	AME ir -
MEDICAL	CERTIFIC	ATE OF D	EATH	
16 DATE OF DEATH	et. V		, 19	3/
***************************************	(Month)	)(D	(ay)	(Year)
Rept Yo	ERTIFY, That	I attended	the decem	, 1927
that I last saw h	alive on	0-2	,	1923/
and that death occurred The CAUSE OF DEATH				
Contributory	(Durstion)		mos	/ do.
	(Duration)			
(Signed) / Vec	(Address) 115	-124	st. D.	M. D.
*State the Disca Violent Causes, state Accidental, Suicidal or	(1) Means	Death, or.	in deaths	frem
18 LENGTH OF RESID		Hospitals,	Institutions	Trans-
ients or Recent Resid			,	
At place of death yrs. 6 mos.				ds.
Where was disease contract if not at place of des.h?	ed, was	6.00	,	

DATE OF BURIAL

If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Baltoff Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

"should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tired 6 yrs). For persons who have no occupation Spinner, (b) Collon mill; (a) Salesman. nature of the business or industry, and therefore an fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer. Lauverer - come man, the manifest of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocr," etc., report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer. without more precise specification as Day (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-(b) Grocery;

Strtement of Cause of Death—Name, first, the Diseas: Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) Village or City a hospital or institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OF RACE 6 DATE OF DEATH 3 SEX MARRIED. WIROWED. OR DIVORCED MINDIN (Write the word) (Day) /6 I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH tohth) (Year) IIfLESS than and that death occurred on the date atated above, at 7 AGE I day hrs. RESERVED ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work/ halfer refully in pial (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 0 10 NAME OF FATHER 192/ (Address) -0/ OF FATHER \*State the Disease Causing Death, or, in deaths from ENT Violent Causes, etate (1) Means of Injury and (2) Whether (State or country Accidental, Suicidal or Homicidal, 12 MAIDEN NAME AR 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate SCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place of death \_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. OF MOTHER 00 Where was disease contracted, if not at place of death?..... shoul Every Item CIANS sho statement usual residence DATE OF BURIAL ADDRESS Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enworked on may form part of the second statement Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) For persons who have no occupation Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropky," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid unqualified, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY "" "Weakness," etc., when a definite disease is indefinite); Tuberculosis of lungs, men-Example: Measles (disease etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

- t + -	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor state UPA	1. PLACE OF DEATH	12102
	County Trinco Seorges	Registration Dist. No. 231
item of should of OCC	Village or City The Laurel Fantanus	m No, Laurel md St., Ward
# so 2	Length of residence in city or town where death occurred 20 yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number)  2 ds. How long in U.S. if of foreign birth?
CORB Every PHYSICKANS ct statement	2. FULL NAME Edward, Van Sant	
4 H #	(a) Residence: No. The Laurel Sandarie	mest danstel me
RECORE PHYS	(Usual place of abode)	If nonresident give city or town and State
RECO PH:	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) Och (Day) 7th, 193/ (Year)
NDING RMANE X A C T I classified	5e. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
MA MA ass	(or) WIFE of Adrigle	May 14 - 1931 to Oct 3 - 1931
	6. DATE OF BIRTH (month, day, and year) Uch 13 1858	I last saw h Lm alive on Oct 7 193/; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date steled above, at 6 A ni.
FOR IS A I stated properlineartifica	/2 // 20 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Date of onset
70	Z o. Wrade, profession, or particular	Om ,
	9. Industry or business in which	Myocarditis Syr
VK-T Should it may n back		
o t E II	10. Deta deceased last worked et this occupation (month and ) or may spent in this year)	
ARGIN RESTORY NEADING I	Manage Com	Other Contributory Causes of importance:
VDI VDI d. so	12. BIRTHPLACE (city or town) (State or country)	Chr Bronchelis 1047
IARG UNF upplie terms e insti	13. NAME Mcholas Van Sant	
MARGIN H UNFADI supplied. iin terms, so	14. BIRTHPLACE (city or town)	Name of operation Date of
E . E S	(State of Country)	What test confirmed diegnosis? Wes there an autopsy? 220
	15. MAIDEN NAME Sallie Hood	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, W be carefu EATH in	5 16. BIRTHPLACE (city or town) Md. (State or country)	Accident, suicide, or homicide?
AINLY, d be ca DEATH	min Emma Van Spark (Brit)	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
3 -	(Address) Balts Md. Phno Latagette 18/5	Specify whether injury occurred in Thousant, in Home, of Hir Obello FEACE.
FE PI shou E OF is ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Aduly Selling Oate UG 9, 19 01	Nature of Injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER A. F. ESLIGAL A DOSS	24. Wes disease or injury In any way related to occupation of deceased?
No.	(Address) Americator MO	If so, specify
si Z	20. FILED St. J., 1931 M. / Mashelane Registrar	(Signed) M. D. (Address) Daurel M. D.
	Kegistrar.	" (nouress)

### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	15 4 4000	Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenterdis A NYNNOS	1 year
		OCL T3 1031	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BYPHYSICIAN
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ż

N		PHYSI-	
	NT CORD	ied. ACE should be stated EXACTLY, PHYSI-	is so that it may be properly enabled to
9	TIN	be stated	on be chose
D FOR BINDING	IIS IS A PERMA	should	the transfer
FOR	S IS A	d. ACE	2
	II	9	2

Vil	Inge or City Chelteruham (No. 2FULL NAME Frank J. Ma	ells.
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC
35	Markied.  Widowed OR Divorced On Divorced Own Divorced Ow	16 DATE OF DEATH
6 [	March 4 , 1/859	17 O I HEREB
8 0	(Month) (Day) (Year)  (GE  (Month) (Day) (Year)  (HLESS than I day hrs. or min.?  OCCUPATION  a) Trade, profession or	and that death occur The CAUSE OF DEA
p	articular kind of work Intemployed	
(I) b	b) General nature of industry usiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Lease 60 Md.	Contributory Secondary
9 6	b) General nature of industry usiness, or establishment in which employed or (employer)  BIRTHPLACE  (State or country)  Low Head Common Manual  10 NAME OF FATHER  11 BIRTHPLACE	Secondary (Signed). Wills
ENTS	SIRTHPLACE (State or country)  10 NAME OF FATHER	Secondary  (Signed)
STN STN	b) General nature of industry usiness, or establishment in which employed or (employer)  BIRTHPLACE (State, or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed)
ARENTS 6	b) General nature of industry usiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	(Signed)
PARENTS 6	b) General nature of industry usiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	Secondary  (Signed) 12 12 13 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 240

St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

•	2400
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	29 ,131
(Month)	(Year)
17 I HEREBY CERTIFY, That Jate 1991 to that I last saw here alive on Co	tanded the decensed from
and that death occurred on the date state The CAUSE OF DEATH * was as follows:	d above, at J. H.V. I.m.
Intercula	
***************************************	***************************************
(Duration)	yrsds.
Contributory Secondary	
(Signed) William A	M. D.
let 30 13/ (Address) Cz	oow _
*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
18 LENGTH OF RESIDENCE (For Hosp	itals, Institutions, Trans-
ients or Recent Residents)	
At place In the of death yrs mos. ds. St	ateyrsmosds.
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
abolisting mis	76V 1 , 193
20 UNDERTAKER	ADDRESS
D. 14 - A	0.1.

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the (b)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephritis, etc. The contributory

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PLACE OF DEATH	STATE OF MARYLAND
County Rull CONT	CERTIFICATE OF DEATH Registration Dist. No. 238
Village or City Clinton (No	St.: Ward) (If death occurred in a hospital or Institution, give its NAME listend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7, 1923 / (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h A alive on A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 AGE    If LESS that   I day   hr.     B OCCUPATION (a) Trade, profession or	n and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country)  10 NAME OF FATHER PLUS 78, PLACE OF FATHER  (State or country)  (State or country)	Contributory Secondary  (Durstion)  yrs  mos  de  (Signed)  *State the I Is use Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  12 MAIDEN NAME Melling Recorded  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) Lucilian. Mallacette (Address) Clubban.	where was disease this state, it not at place of doa.h?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) without more precise specification as Day Cotton For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman. (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

> (Recommendations on statement of cause of tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) carbelic acid-probably swicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, "Exhaustion," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, causing death), 29 ds.; Bronchopneumonia (seeondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles, Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the " "Weakness," etc., when a definite disease Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l qu'stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Princes Heargin	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 230
Village or City War Bettsulle (No	St.: Ward)  St.: Ward)  a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
heuse Color of Race Strong, MARKIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH OCTATIVE 3 0 , 1981 (Month) (Day) (Year)
6 DATE OF BIRTH  May 4 , 1858  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Selection 30, 193/, to Octuber 30, 193/, that I last saw here alive on New Merelly 192,
TAGE    If LESS than   I day hrs.   hrs.   or min.?	The CAUSE OF DEATH * was as follows:  This woman flad no disease she jet were out. 2 awg R.  (Duration) - yrs. 4 mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Duration) yrs. mos. ds.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  White the state of t	(Signed)
of MOTHER  13 BIRTHPLACE  12 MAIDEN NAME  OF MOTHER  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds.  Where was disesse contracted, if not at place of death?  Former or usual residence
(Address) Bellevely M.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  MOUSE 19 8 / 19 8 / 20 UN PORTAKER  ADDRESS  ADDRESS

Registrar Joyu Cause Saures Mil If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING-DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coat mine, etc. woun-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Architect, Locomotive engineer, 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros cinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Crobb"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important use of "Tumor" for malignant neoplasms); Mcasles, as fracture of skull, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Chronicand consequences (e. g., sepsis, Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease Nomenclature of the

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SUPFAI

1. PLACE O	D. L	Lorge.		82-0	Registration	Diet No. 0
, , , , , , , , , , , , , , , , , , , ,	City Thyatte	. 100		NOSARKIA	Heart A	THE ST
	1		. ALLOY	death occurred in a hospital o	or institution, give its NAME I.S. if of foreign birth?	instead of street and n
	idence in city or town when	- /	yrs mos	us. now long in o	2814 Pa.	Qu. n. U
2. FULL NA	A	1 11 1	96	St. Ward.	The Dune	M 10.9
(a) Reside	ice. No.	(Usual place	of abode)	waiu.	If nonresident	give city or town and S
	NAL AND STATIS				AL CERTIFICATE	OF DEATH
3. SEX	4. COLOR OR RACE	OR DIVORCE	RED, WIDOWED, D (write the word)	21. DATE OF DEA	Oct -	2
5a. If married, widow	wed or divorced	Surg	ke		(Month)	(Day)
HUSBAND of (or) WIFE of	ved, or divorced			22. I HER	EBY CERTIF	Y. That I attended d
		-1.1		Supt 80	195 p., to @	Ot 1
	(month, day, end year)	-eb 22	1870	I last saw h alive		, 194
r. AGE	61	Days	1 dey,hrs.	The PRINCIPAL CAUSE OF	te stated ebove, et 2	•
& Trede, profe	8	1 0	ormin.	were as follows:	1 61 1-11	9244
SAWYER SAWYER	ession, or perticular work dona, es SPINNER, r, BOOKKEEPER, etc	Salerm	can		a klack	The state of
kind of SAWYER SAW MI	business in which is done, es SILK MILL LL, BANK, atc.	ito + ti				
	sed last worked at	11. Total t	ime (years)			
this occurrence year)	ipation (month end		nt in this upation			
12. BIRTHPLACE (c	ity or town)	nd		Other Contributory Causes	or importance:	-5
(Stete or cou	intry)	1	0		(home	met Ara
13. NAME 14. BIRTHPLAC	nu j	rodua	rd .		aire	it tests
14. BIRTHPLAC	E (city or town) r country)	ma				
	201	18980	00	23. If death was due to exten	osis?	
15. MAIDEN NA	1	4			ide?[	
₹ (Stete o	r country)	ma		Where did injury occur?		
17. INFORMANT	ague C	Tresde	2.	Specify whether injury occu	urred in INDUSTRY, in HO	town, county and State ME, or in PUBLIC PLA
(Address)	TIØN. OR REMOVAL	middle		Menner of injury		
Place Por	welor Street	20 Dete C	CD 5=, 19.31	Neture of injury		
19. UNDERTAKER	J. Yas	elie So	ur ,	24. Was diseasa or injury in	any way releted to occupa	ation of deceesed?
(Address)	Alya	ttsville	me d	If so, specify	, n	
20. FILED Oct.	2" 1931 Y	mo Ja	o. Deve	(Signed)	eadrsone	
		K) (	Registrar.	(Address)	Lanua N.	Time to

### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	Nr. 1 1000	Other contributory causes of importance:	
Gatistones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	PLACE OF DEATH County Trice Leonal	STATE OF MARYLAND CERTIFICATE OF DEATH
cate.	Village or City Spe Marlforno.	Registration Dist. No. 232  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH ( ) 2 , 102 / (Year)
d no suo	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to , 192 , 19
nstruction	7 AGE    If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
tant. See	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	My presar w ottereday
ımpor	9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)
s very	10 NAME OF FATHER OPENING YOUNG	(Signed) Aus with to allegisto. Oil 23 1963 (Address) pp multons &
20	OF FATHER  (State or country)  12 MAIDEN NAME  OF TATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mean of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER WAR Halter  13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
ent of c	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
tateme	(Address) When Mulbook	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OL 23, 1971
30)	Filed Of 23 1921 Course Registrar	Trung Jones Upper Maulto
	If more branks are needed, address State Registrar	, 16 W. Saratoga St, Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, 01 For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day For persons (6) Automobile factory. The who have no occupation Locomotive (b) The quesmaterial engineer, Grocery;

Statement of Cause of Death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "Puerperal septicucmia," "Puerperal peritonitis," etc. approved by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congeuital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., ol tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not perstand unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. Chronic interstitial nephritis, American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Committee on Chronic etc. The contributory valvular heart Nomenclature Always qualify all Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed